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ABSTRACT

To many people, the term "clinical supervision" now means the Hunter Model, which involves monitoring of teachers' classroom behavior for usage of Hunter's essential elements of instruction, feedback of these results, reinforcement of desired practice, and a prescription for remediation of teachers' performance. In contrast, the Goldhammer-Cogan clinical supervision model involves the teacher in a collaborative process whereby both teacher and supervisor decide on observation objectives and changes in the teacher's classroom behavior following discussion of classroom observational data. Research relating to the implementation and results of these two models indicates that they are very different. This paper reviews that research in terms of: (1) effects of training; (2) model usage by administrators and teachers; (3) the relationship of clinical supervision to student academic achievement; (4) model implementation; and (5) model costs. (CB)

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Hunter's Clinical Supervision and Instruction Models: Research in Schools Utilizing Comparative Measures

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Public school practitioners have become very excited over the work of Madeline Hunter in clinical supervision and clinical instruction of teaching. When she spoke at a general session of the Association for Curriculum and Supervison Development (ASCD) in Chicago in March, 1985, the huge ballroom was filled to overflowing and even the remote television room was jammed. The panel session on clinical supervision with Noreen Garmen and Carl Glickman even though held in a very large room, had people standing and sitting on every available inch of floor space. Whenever she or any of her trainers hold workshops, they are fully or even over subscribed. School districts want Hunter-trained consultants and a number have adopted Hunter's models so exclusively that the district teacher evaluation instrument uses her terminology and requires the observer to indicate the degree of usage of the practices which she advocates.

With this overwhelming acceptance of the Hunter models, it seems appropriate to inquire as to the research validating the models. Hunter (1985) reassures her audiences that her practices are based on research, but specific citations are not given. The only citations to to research found were in an unpublished article, "A Clinical Theory of Instruction," copyright 1978 by Madeline Hunter which was handed o out at a Madeline Hunter Seminar in June, 1985, for the American Association of School Administrators held in Atlanta, Georgia. There were 13 subscripts for footnotes in the article, but no references were included.

The research which has been located was found in a search for clinical supervision research in the schools utilizing comparative measures (Pavan, 1985). Of the 29 studies located for that paper, 6 utilized the Hunter model of clinical supervision. In addition, a study reported by Stallings (1985) has been included.

A critique of the earlier paper (Pavan, 1985) suggested that since the Hunter model of clinical supervision was based on different premises than the Goldhammer-Cogan model, it would be useful to separate these studies. The research using the Hunter model falls into two categories, the effects of training and student achievement.

Effects of Training

Careful analysis of the research on training programs in clinical supervision reveal two distinct models of clinical supervision. One model is based on the work of Cogan and Goldhammer and most frequently uses five stages: pre-observation (planning) conference, observation, analysis and strategy, post-observation (feedback) conference, and post-conference analysis. The terms in parenthesis are from Acheson's work at the University of Oregon. Cooper at the University of Houston is another proponent of this model. Theses from these institutions plus the University of Pittsburgh and Harvard usually involve this model. This is a collaborative model in which the pre-conference is used to refine a teacher-initiated focus for the observation. Supervisors need training in a variety of data collection techniques. The second model is the Hunter clinical supervision in which the pre-observation conference is eliminated or reduced since the focus for the observation has been predetermined as the Hunter clinical instructional model. The observer has a checklist to determine if all seven elements of effective instruction are used for each lesson. While Hunter (1985) indicates this is not the way to use the model, it is what is happening in practice and reported in the research. In studies where teacher evaluation is mentioned, the Hunter model or a similar model with a predetermined list of effective teaching practices, is being used.

Joyce (1982) investigated the relationship between usage of Hunter's clinical supervision model by four elementary principals and their teachers' usage of Hunter's clinical instructional model. Rather than hold a pre-observational conference, principals diagnose the observed lesson as to fit with Hunter's clinical instructional model. Hall's Concerns Based-Adoption Model dimensions of Level of Use (LoU) and Stages of Concern (SoC) were used with all principals on clinical supervision and all teachers on clinical instruction. Regardless of percentage of teachers in the school trained in clinica instruction, in those schools where principals' LoU of clinical supervision was highest, teachers' LoU of clinical instruction was highest. The lesson components of Hunter's clinical instruction and supervision models are nearly identical. SoC Scale as a whole was a poor prediction of LoU except for the variable of Personal concerns. The higher the Personal concern, the lower the LoU. Users and nonusers of clinical instruction were at a similar SoC.

Saldana (1983) administrated a Semantic Differential Measure of Educational Concepts which yielded 24 scores and a Principles of Learning, Diagnostic and Prescriptive Instrument which yielded a knowledge score for the Hunter model of instruction to 75 administrators and teachers who had received Hunter training and 25 who had not. While the mean differences between the groups were small, the trained group tended to rate the concepts higher than the untrained group. Several of the concept meanings appeared to be influenced by Hunter instruction.

Gerald (1984) reported that after Hunter training in clinical supervision, elementary principals noted more teaching behaviors related to criteria in instructional planning and performance category on written teacher evaluations. Pre and post test surveys indicated that teachers and principals reported gains in knowledge and skills after the staff development program.

Student Achievement

The relationship between clinical supervision and student achievement is probably the most difficult, if not impossible, to determine given the enormous number of possible intervening variables. Only five researchers have published reports on this relationship. Four of these studies reported using the Hunter model of clinical supervision and instruction.

An Orange County, California study sought teachers' and principals' perceptions of the effects of a Hunter Instructional Theory into Practice (ITIP) inservice on student and teacher performance. Among Congdon's (1979) many findings was this: "There was no significant difference in student reading performance on the California Assessment Program in grades 2, 3, 6 and 12 during the period from 1974-1978 as compared with the number of principals and teachers trained in the ITIP Program during that period" even though teachers and principals believed student achievement was increased.

Mayfield (1983) entitled her thesis "The Effects of Clinical

Supervision on Pupil Achievement in Reading." She reported significant differences between the CS group and the NCS group with the students who were clinically supervised scoring higher on the reading comprehension test of the California Achievement Test. Significant differences were attributed to teacher effects in both the CS and NCS groups. While I am pleased to see these results, careful reading of her thesis causes one to be puzzled. Four schools in Detroit were involved with each principal to clinically supervise two third grade teachers and to supervise one third grade teacher in the traditional district manner. The experimental teachers and the principals were trained in Hunter's Seven Step Lesson Plan. Principals observed in each CS classroom once a week for 20 weeks. No mention was made as to visits to control classrooms, but one cannot believe that more than two visits during the semester would be district policy. No information is provided on usage of pre-observation conference for the CS group, but 18 samples of observation sheets are included in the thesis. The observation data is the observers' rating of the degree of compliance by the teacher to the Hunter model along with positive reinforcement tc the teacher for example, "Everything went well." Little or no teacher or student behavior data was recorded and none in objective terms. Under next steps the principal would tell the teacher to do something. In other words, no information provided in the thesis

indicated any teacher input in the conferencing process. In fact, one of the clinically supervised teachers was eliminated from the study for not following the Hunter model! Note she also reported significant differences in pupil achievement based on teacher effects. It appears this study demonstrates that the Hunter 7 Step Lesson Model fully implemented with weekly monitoring visits by the principal will raise reading comprehension scores when compared to teachers given no training and very little supervision.

Spaulding (1984) studied the first year of an implementation program of clinical supervision and the Hunter elements of instruction in the 10 elementary schools in one California school district. Principals were provided eight days of inservice prior to program implementation. Pre-and post-tests of principals' self-perceived competence in clinical supervision showed that principals were comfortable with the model. Only 4 of the 14 items referred to clinical supervision, the other items were on Hunter's instructional model. Some of Spaulding's findings are listed below:

1. More time spent on clinical supervision, the less positive the change in teacher attitude as measured by the MTAI.

2. More time spent in clinical supervision, the lower the reduction in teacher absenteeism.

3. Correlation with student academic achievement on the

Comprehensive Test of Basic Skills (CTBS) with time spent on clinical supervision was only significant at the fourth grade level but in the wrong direction (more time, lower achievement).

The treatment actually given by the principals was that of monitoring teachers to see if using Hunter's instructional model. Less than one third of the classroom observations were preceeded by conferences, although over 91% were followed by conferences. The results of this well documented study need to be viewed not as the effects of the usage of clinical supervision (time spent by principals varied from 33 to 96 hours), but as the results of a district imposed model of effective instruction. It might also have been useful to have some measure of leadership or school climate as a variable in this study.

Stallings (1985) reports a longitudinal study now in progress utilizing the Hunter model at two schools in California with two control schools nearby. Her data consists of baseline data from Winter 1983 plus repeat measures in Spring 1983 and Spring 1984 with Spring 1985 to be reported after complete analysis. Data is available of teacher usage of the Hunter model, engagement rate of students, and mathematics and reading standardized achievement test scores. The results to date show that teacher practices and student engagement rates (both of which had made some increases) were not correlated with achievement test gains. While there had been some

significant achievement test gains (math and reading in 1983, reading in 1984), total results were mixed and inconsistent. Most impressive achievement results were for limited English speaking students who profited from this English immersion approach.

Problems noted by Stallings with the population and treatment elements of the research are as follows. The experimental schools started with 17 teachers and 259 students in the Winter of 1983, but due to attrition only 13 teachers and 153 students were available in Spring 1984. The two experiemental schools used different achievement tests, Stanford and California Achievement Tests. The principal of one experimental school had Hunter training prior to Winter 1983 baseline data which was reflected in higher baseline scores for teachers in that schools. The two control schools did not match the experiemental schools on a number of factors. Control schools had more students. Control schools had a smaller percentage of limited English speaking students. Control schools had a smaller percentage of Aid to Dependent students. While the scores on achievement tests of all students in control schools were used, these were compared to those experiemental school students who had remained at their schools from Winter 1983 until Spring 1984. No mention is made of the name of the standardized tests used in the two control schools.

Attempts to use only the "pure" Hunter model were not made. In addition to training sessions on the Hunter model, other intervening

factors were noted by Stallings. Teachers received feedback on student engagement rates from the project staff which teachers indicated was of great importance to them. The Evertson model of classroom management was presented in training sessions for the experiemental schools' faculty. The staff engaged in curriculum alignment activities especially in reading in one experimental school. (The school in which the reading scores were highest in 1984.) This continuing staff development plus support from the two principals resulted in a collegiality being developed among teachers. (I cannot resist noting, as a former principal, that concern over school improvement would be more important than research design.)

Lastly, is a policy issue -- the problem of cost. This project, sponsored by the National Institute for Education (NIE), cost $70,000 per year. In this particular case, the two experimental schools gave up Chapter I dollars in approximately the same amount and lost their classroom adies. Class size in grades 1 to 4 averaged 31 students per teacher. No information is provided as to aides or class size in the control schools. The cost is significant: $132 per student or $4,117 per teacher. Probably a more important policy issue would be, how best could this money be used to benefit disadvantaged students ? What other treatments might be provided at these same costs ?

The caliber of presentation of the four student achievement studies ranged from excellent (Spaulding) to highly questionable (Mayfield). Congden, Mayfield, Spaulding, and Stallings examined studemt achievement and the usage of the Hunter clinical supervision model in which the principal monitors the teachers' usage of the

Hunter elements of effective instruction in each lesson. Stallings results are mixed and her study incomplete, so we await the final report. Of the completed three studies, only Mayfield claimed to find statistically significant higher achievement by students whose teachers were clinically supervised. re-analysis of her data suggests that teacher and principal effects and gross differences in supervisory time have more influence on student achievement than clinical supervision. Stallings' study will eventaully cover a three year period, Congden investigated six districts in one county, and the other two studies were conducted in one district during a one year period. Whether the lack of effect on student achievement is due to nonequivalent treatments or nonequivalent comparison groups, short time span rather than longitudinal studies, or the impossibility of separating out the effects of other variables which influence student achievement, is not clear at this time. What is clear is that studies on student achievment are methodologically difficult.

Postscript

To many people the term, clinical supervision, now means the Hunter model which involves monitoring of teachers' classroom behavior for usage of Hunter's essential elements of instruction, feedback of these results, reinforcement of desired practice, and a prescription for remediation of teacher's performance. In contrast, the Goldhammer-Cogan clinical supervision model involves the teacher in a collaborative process whereby both teacher and supervisor decide on observation objectives and changes in teacher's classroom behavior following discussion of classroom observational data. These processes are very different.

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